

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091227

Entity Name: SERRAO INVESTMENTS, LLC

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

27680 SUFFRIDGE DRIVE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

12101 CRYSTAL CONDO RD.
FT MYERS, FL 33966

Current Mailing Address:

27680 SUFFRIDGE DRIVE
BONITA SPRINGS, FL 34135

New Mailing Address:

12101 CRYSTAL CONDO RD.
FT MYERS, FL 33966

FEI Number: 20-2048167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDGINS, THOMAS F
791 10TH STREET, SUITE B
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

HUDGINS, THOMAS F
2800 DAVIS BLVD
203
NAPLES, FL 34104 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS F. HUDGINS

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SERRAO, DEXTER
Address: 27680 SUFFRIDGE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SERRAO, DEXTER
Address: PTY 4573 PO BOX 025724
City-St-Zip: MIAMI, FL 33102

Title: MGRM () Change (X) Addition
Name: SERRAO, KATHLEEN E
Address: PTY 4573 PO BOX 025724
City-St-Zip: MIAMI, FL 33102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KATHLEEN E. SERRAO

MGRM

01/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date